



BUSINESS LICENSE COMMISSION
COUNTY OF LOS ANGELES
374 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CA 90012
(213) 974-7691



November 19, 2010

Ruirong Huang
Rowland Feet Soak
1758 Sierra Leone Avenue #D
Rowland Heights, CA 91748

MEMBERS
STEVEN AFRIAT
PRESIDENT
RENÉE CAMPBELL
VICE-PRESIDENT
DIANA WOOD
SECRETARY
JAMES BARGER
COMMISSIONER
SARA VASQUEZ
COMMISSIONER

HEARING ON APPLICATION FOR MASSAGE PARLOR-
GENERAL BUSINESS LICENSE ID #136933

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, December 8, 2010 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either a **professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking has been arranged for you in Lot 14, the Music Center lot, located at the corner of Grand Avenue and Temple Street. A map is enclosed. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Twila P. Kerr
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :.....SAN GABRIEL VALLEY DAILY TRIBUNE

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....11/11/2010
2ND PUBLISHING DATE:.....11/18/2010
3RD PUBLISHING DATE:.....11/25/2010

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

MASSAGE PARLOR-GENERAL

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....1758 SIERRA LEONE AVE #D
ROWLAND HEIGHTS, CA 91748
NAME OF APPLICANT:.....ROWLAND FEET SOAK / RUIRONG HUANG
ROWLAND FEET SOAK
DATE OF HEARING:.....12/08/2010
TIME OF HEARING:.....09:00 A.M.

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO”**

OFFICE OF THE COMMISSION:

**OFFICE OF THE COMMISSION
500 W. TEMPLE STREET RM. 374
LOS ANGELES, CA 90012**

RETURN TO:

**LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012**



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **1758 SIERRA LEONE AVE #D, ROWLAND HEIGHTS, CA 91748**

TELEPHONE: **(626) 215-3528**

OWNER OF BUSINESS: **RUIRONG HUANG**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **ROWLAND FEET SOAK**

MAILING ADDRESS: **18970 VILLA CLARA STREET, ROWLAND HEIGHTS, CA 91748**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	10/21/10	
<input checked="" type="checkbox"/> 4. Fire Department	YES	09/23/10	
<input checked="" type="checkbox"/> 5. Public Health	YES	04/15/10	
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	08/05/10	
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	01/29/10	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	11/11/10	
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	08/05/10	

Conditions:



Treasurer & Tax Collector
Application for Business License

Fee: \$ _____

I.D. # 136933

Type of Business

Massage Parlor

Address of Business

1758 Sierra Leone Ave. #D Rowland Heights, CA 91748

Bus. Phone

(626) 839-2118 Fax Phone () _____ Home Phone (626) 215-358

DBA (Bus. Name)

Rowland Feet Soak

Applicant's Full Name

Rui Rong Huang

Mailing Address

18970 Villa Clara St. Rowland Heights, CA 91748

Home Address

18970 Villa Clara St. Rowland Heights, CA 91748

SS#

Date of Birth

Place of Birth

State Driver's Lic. / I.D. Card

Exp. Date

Male

Female ☒

Ht

5-05

Wt

110

Hair Color

BLK

Eye Color

BRN

Business Ownership Structure

Single Owner ☒

Partnership _____

LLC _____

Corporation _____

"Corporation / LLC Status"

Date of Incorporation

Incorporated in the State of

Exact Corporate Name

Name of Officers	Addresses	Title

I certify that the information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree; to submit any additional information that may be required; to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances and regulations.

Date

1/26/10

Applicant's Signature

Rui Rong Huang

Application Taken by:

[Signature]

Date:

1/28/2010



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

County of Los Angeles
TREASURER AND TAX COLLECTOR
REVENUE & ENFORCEMENT DIVISION
BUSINESS LICENSE SECTION



TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360
LOS ANGELES, CA 90012
(213) 974-6411

FROM: BUSINESS LICENSE SECTION
225 N. HILL STREET, ROOM 109
LOS ANGELES, CA 90012
(213) 974-2011

DEPARTMENT OF REGIONAL PLANNING REQUIRES A FEE
MONDAY thru THURSDAY 7:30 AM - 6:00 PM. Closed on Friday

RBUS # 201000036

DATE: Jan 24, 2010 ID # 136933

BUSINESS CLASSIFICATION AND CODE: Massage Parlor

BUSINESS ADDRESS: 1758 Sierra Leone Ave #D

CITY: Rowland Heights, CA ZIP CODE: 91748

NAME OF OWNER: RuiRong Huang

D.B.A / NAME OF BUSINESS: Rowland Feet Soak

MAILING ADDRESS: 18970 Villa Clara St. Rowland Heights CA 91748

PHONE NUMBER: (626) 215-3528

ZONE: C-3-BE

APPROVED: Yes DENIED: _____

REMARKS: Approval for the operation and maintenance of a foot massage parlor, per RCUP 200800100. This business must comply with all CUP conditions of approval. Applicant must reapply for the CUP approval before it expires on 12/1/19.

SIGNATURE: Larry E. Juarez DATE: 1/26/10

REGIONAL PLANNING STAMP

JD:jd

Business License Approval

Department of Regional Planning
320 West Temple Street, Room 1360
Los Angeles, CA 90012

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 1758 SIERRA LEONE AVE #D, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 215-3528

OWNER OF BUSINESS: RUIRONG HUANG

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ROWLAND FEET SOAK

MAILING ADDRESS: 18970 VILLA CLARA STREET, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY
LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION:

NONE.

SIGNATURE:

Markie George B.E.I.

DATE:

09/29/10

BASIC LICENSE NO. 5910

DATE 01/29/10

IDENTIFICATION NUMBER 136933

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **1758 SIERRA LEONE AVE #D, ROWLAND HEIGHTS, CA 91748**

TELEPHONE: **(626) 215-3528**

OWNER OF BUSINESS: **RUIRONG HUANG**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **ROWLAND FEET SOAK**

MAILING ADDRESS: **18970 VILLA CLARA STREET, ROWLAND HEIGHTS, CA 91748**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**SHERIFF DEPARTMENT
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: **APPROVAL WITH CONDITIONS**

SIGNATURE: 

DATE: **4-19-10**

BASIC LICENSE NO. 5910

DATE 01/29/10

IDENTIFICATION NUMBER 136933

910-00135

G.H.

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT RECOMMENDED
MASSAGE ESTABLISHMENT BUSINESS LICENSE CONDITIONS

ROWLAND FEET SOAK
1758 SIERRA LEONE AVE. #D
ROWLAND HEIGHTS, CA 91748

1. The entire premises is subject to inspection by the Sheriff's Department at anytime. Any locked or otherwise secured rooms shall be opened upon demand.
2. The approved floor plan and/or room use shall not be changed without prior approval of the Sheriff's Department License Detail.
3. All licenses, permits, and these conditions will be displayed in the reception/lobby area immediately viewable upon entry into the establishment. All such permits and licenses will be maintained valid at all times.
4. All employees shall possess, at the site, a valid California Department of Motor Vehicles driver's license or identification card. They shall present such identification upon demand of any regulatory official.
5. An owner and/or manager shall be present at all times the business is open.
6. The owner and manager shall be familiar with the laws and codes regulating massage establishments and these conditions.
7. The manager shall be at least eighteen (18) years of age, and possess on his/her person a valid California Department of Motor Vehicles driver's license or identification card, and be able to communicate effectively with regulatory officials.
8. The owner and/or manager will introduce him/herself to any regulatory official (Sheriff, Fire, Code Enforcement, etc.) at such time as the official's presence is announced to any employee. The owner and/or manager will cooperate with the regulatory official's investigation.
9. No person(s), other than employees and customers, shall be allowed anywhere in the premises other than the lobby/reception area.
10. No locking mechanisms of any kind shall be installed on therapy room doors or door frames

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

2/1/10

BUSINESS LICENSE
APPLICATION REFERRAL

ESG

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 1758 SIERRA LEONE AVE #D, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 215-3528

OWNER OF BUSINESS: RUIRONG HUANG

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ROWLAND FEET SOAK ✓

MAILING ADDRESS: 18970 VILLA CLARA STREET, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

Charlton...

DATE: _____

3/31/10

BASIC LICENSE NO. 5910

DATE 01/29/10

IDENTIFICATION NUMBER 136933



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 1753 SIERRA LEONE AVE #D, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 215-3528

OWNER OF BUSINESS: RUIRONG HUANG

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ROWLAND FEET SOAK

MAILING ADDRESS: 18970 VILLA CLARA STREET, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT

LA COUNTY

*County of Los Angeles Fire Dept.
Approved for Field Inspection*

APPROVAL

☐ **DENIAL**

RECOMMENDATION:

SIGNATURE:

[Signature]

DATE:

9/16/10

BASIC LICENSE NO. 5910

DATE 09/16/10

IDENTIFICATION NUMBER 136933

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 1758 SIERRA LEONE AVE #D, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 215-3528

OWNER OF BUSINESS: RUIRONG HUANG

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ROWLAND FEET SOAK

MAILING ADDRESS: 18970 VILLA CLARA STREET, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

(323) CAMILLE
892-1168
CALL FOR BUS. LIC.
INSPECT - FOR MOP
BIM

FIRE DEPARTMENTCounty of Los Angeles Fire Dept.
Approved Pending Field Inspection

LA COUNTY

☒ APPROVAL☐ DENIALRECOMMENDATION: OKSIGNATURE: [Signature]DATE: 9/23/10